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ABSTRACT

The literature review examines the issue of whether categorical differentiation and placement of mentally retarded and learning disabled students is educationally warranted. First, the two conditions are defined; next, a comparison between the two on psychological, behavioral-social, and educational characteristics usually ascribed to children so labelled is made; and finally, a review of current educational and placement practices used with each group is discussed. Noted is controversy concerning the exclusion of mental retardation from the learning disabilities definition. A review of terminology changes in the area of learning disabilities since 1947 is offered. Definite differences between the learning disabled and the educable mentally retarded on the academic dimension but more similarities than differences on the psychological and behavioral-social dimensions have been identified. Placement practices include special class categorical classes in the 1960's to the currently more common resource room placement with some cross-categorical programs for the mildly handicapped. It is concluded that individual differences among children are more important than intergroup differences but that there is not enough evidence to eliminate all categorical programs. Fifty-six references are listed. (DB)

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MENTAL RETARDATION AND LEARNING DISABILITIES: A CATEGORICAL ISSUE: LITERATURE REVIEW

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MENTAL RETARDATION AND LEARNING DISABILITIES: A CATEGORICAL ISSUE: LITERATURE REVIEW

I. INTRODUCTION

Should special education programs for the mentally retarded and the learning disabled be categorical as they are in Ohio and some other parts of the U.S.? Questions have been raised recently if categorical placement is justified. These questions have prompted others. More specifically, are there major differences between the mentally retarded and the learning disabled which necessitate different treatment and/or teaching methods? In this paper, this writer intends to present findings from the literature addressing this issue. First, the two conditions, mental retardation and learning disabilities, will be defined; next, a comparison between the two on psychological, behavioral-social, and educational characteristics usually ascribed to children so labelled will be drawn to determine if any differences exist between them; finally, a review of current educational and placement practices used with each group will be presented to determine if they are warranted.

II. DEFINITIONS

While many definitions have been suggested for learning disabilities at different times by different individuals and groups, the one which had the most enduring impact on subsequent federal legislation in the U.S. was the National Advisory Committee on Handicapped Children definition formulated in 1968. It stated:

> "Children with special learning disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling or arithmetic. They include conditions which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia, etc. They do not include learning problems which are due primarily to visual, hearing, or motor handicaps, to mental retardation, emotional disturbance or to environmental disadvantage." (NACHC, 1968, p.34)

With some slight modification in wording, this definition became part of the 1975 Public Law 94-142 Education for all Handicapped Children Act enacted by the 93rd Congress of the U.S. (Federal Register, 1977) The term "special" in line one was replaced by "specific", the appendage "etc." following the listing of conditions to be included was omitted, and the last exclusion "environmental" was expanded to include "cultural, or economic disadvantage."

The definition explicitly states that psychological processes are disturbed; it specifies the academic areas which may be affected; it stipulates the conditions which may be included. Through the exclusions, the definition implies that normal intellectual potential, normal sensory and motor capacities, and normal psychic and environmental conditions are assumed to be present. (Sutaria, 1985) Operationally, it stresses discrepancies in performance and the need to help the child so designated to "learn how to learn." (Federal Register, 1977a)

The most controversial of the criteria, today, is the exclusion clause, especially the exclusion of mental retardation. Before that issue is discussed, a definition of mental retardation is in order.

According to the definition of the American Association on Mental Deficiency,

> "Mental Retardation refers to significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period." (Grossman, 1977, p.11)

The focus of this definition is on three aspects, explain Kirk and Gallagher (1983). The first is intellectual functioning which is measured as a score on a standardized intelligence test. Accordingly, all those judged mentally retarded fall below 97 to 98 percent of their age peers. The second is the ability (or lack of) to meet standards for independent living and to assume social responsibility expected of different age groups within the cultural milieu of a society. The third aspect deals with the onset of the condition which is said to be during childhood, implying that if manifestations of mental retardation occur past the developmental years, then the disorder may be called by another name.

Mental retardation as a class covers a wide range of intellectual abilities. Its common subgroups are three: the mild or educable, the moderate or trainable, and the severe or severe/profound. Only the mild or the educable mental retardation category is dealt with in this paper because this is the subgroup which is grouped with the learning disabled the most where cross-categorical programs exist.

The educable mentally retarded are described as "...unable to profit sufficiently from the regular program of the school...", according to Kirk and Gallagher (1983, p.123-124), but have the capacity to develop academically, socially and occupationally to some extent, provided appropriate special education is made available.

III. RATIONALE FOR EXCLUSION VERSUS INCLUSION

On the surface, the two definitions have little if anything in common. It is for this reason that learning disabilities and mental retardation are commonly viewed as two distinct and separate types of exceptional conditions. Yet, the exclusion of mental retardation from learning disabilities definition is contested by some educators.

Cruickshank, as the leading advocate for subsuming mental retardation under the rubric of learning disabilities, and his students, Hallahan and Kauffman, believe that the justification for such a course can be traced to the pioneering research conducted by Dr. Alfred Strauss in the thirties and forties. (Hallahan and Cruickshank, 1973; Hallahan and Kauffman, 1976) This research, which is acknowledged by one and all in special education for having laid the foundation of the field of learning disabilities, initially utilized mentally retarded subjects. (Strauss and Lehtinen, 1947) Conclusions drawn by Strauss on the basis of his experiments and observations firmly established the identity of a sub-category of individuals which nonetheless was intellectually limited.

Characteristics ascribed to this sub-group of the mentally retarded, namely the exogenous or brain-injured (as opposed to the endogenous or familial), are at the heart of the controversy. The primary reason for this is that subsequent observations and research, initially by Strauss himself (Strauss and Kephart, 1955) and later by Cruickshank et al (1961) found similar exogenous manifestations in non-retarded populations. Ironically, it was Strauss who proposed that these children were better called brain-injured than mentally retarded and Cruickshank followed suit. Their respective texts attest to this shift, both in the titles and the nomenclature employed. The shift toward expectations of at least an average potentiality to learn became evident in 1963 when Kirk (1963 in Kirk and McCarthy, 1975) proposed an alternate term for what he believed was a unique group of children who neither were intellectually limited nor necessarily suffered from a diagnosable brain injury. By this time, presence of minimal brain dysfunction had begun to be recognized in the absence of hard signs of brain injury. Since neither brain injury nor mental retardation was the determining diagnostic criterion, and since he believed that a problem in learning was their outstanding handicap, Kirk offered the term "learning disabilities" as the most suitable. Parents who were the recipients of this suggestion immediately embraced the term and formally established themselves as a group, calling themselves the Association for Children with Learning Disabilities. The shift away from mental retardation became complete when the Council for Exceptional Children established a separate Division for Children with Learning Disabilities in 1968 and federal legislation was enacted on behalf of this group of children, first in 1970 through Public Law 91-230 and later more extensively in 1975 through Public Law 94-142. (U.S. Statutes at Large, 1970, 1975) Figure 1 encapsulates these historical events quite succinctly.

Despite the fact that the original term "brain injured" was used for a rather small segment of the population of the mentally retarded and Strauss himself acknowledged that some of the manifestations of "brain injury" could appear in a child who may otherwise have "minimal" brain dysfunction and be intellectually normal, Cruickshank, Hallahan and Kauffman believe that the exclusion of mental retardation from learning disabilities is artificially and arbitrarily created to serve administrative and funding purposes rather than pedagogical objectives. (Hallahan and Cruickshank, 1973; Hallahan and Kauffman, 1976) Because of this controversial viewpoint, it is appropriate that the readers'

DATES	HISTORICAL EVENTS	POPULATION/TERMINOLOGY
1947	Strauss' work at Wayne County Training School	Mentally retarded: endogenous, exogenous
1955	Strauss' work at Cove School	Brain-injured, of normal intelligence
1961	Cruickshank's Montgomery Project	Brain-injured of sub-average and normal intelligence, hyperactive
1961	Kirk's work in psycholinguistic testing and remediation	Exceptional children of all intellectual levels
1963	Kirk's proposal and formation of parent organization (ACLD)	Learning disabilities, children of normal intelligence
1968	Formation of professional division under Council of Exceptional Children (DCLD)	Learning disabilities, normal intelligence
1970	Public Law 91-230's Title VI provisions	Specific learning disabilities, children of normal intelligence
1975	Public Law 94-142 regulations	Specific learning disabilities, children of normal intelligence

Figure 1. Historical Events in the Evolution of Learning Disabilities: From Below Average Intelligence to Normal Intelligence

attention is drawn to some of the characteristics, in particular psychological, behavioral-social, and educational, commonly ascribed to the learning disabled and educable mentally retarded to see what differences, if any, exist between them.

IV. CHARACTERISTICS

1. PSYCHOLOGICAL

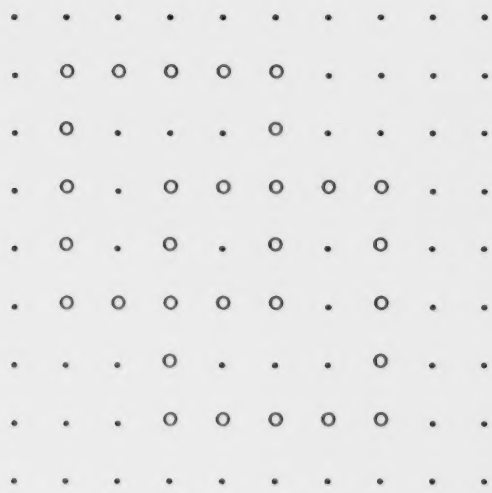
In this category are included perceptual and cognitive functions. Disturbances in either or both affect learning. Each will be considered in turn.

Perceptual Disturbances

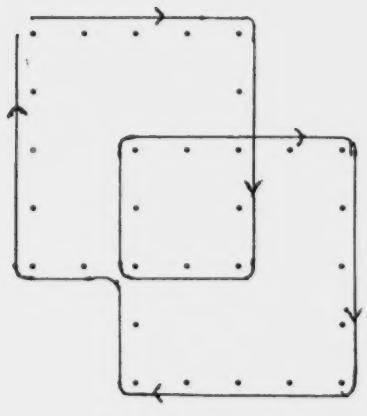
In early studies of the brain-injured and familial mentally retarded on perceptual tasks, Strauss and Werner (1939, 1941, 1942) had shown, using a variety of experimental situations such as "marble-board" test, "foreground-background discrimination" test, "tactual-motor" test, etc., that the brain-injured, more often than the familial, tended to (1) demonstrate discontinuous and incoherent approach in completing tasks; that is, they started and proceeded in any direction (see Figure 2); (2) be attracted to the background as much as or distracted from the foreground, often forgetting the pattern they were working on; Strauss referred to this behavior as "forced responsiveness" to the background stimuli (see Figure 3); (3) perseverate; that is, they persisted with an activity once begun even when it was no longer appropriate.

Reviewing more recent literature on the learning disabled when compared to the normal, the following characteristics are most frequently mentioned: the inability to attend to tasks for any sustained length of time (Dykman et al., 1971; Bryan and Wheeler, 1972; Bryan, 1974; Kawabe, 1976; Whalen and Henkler, 1976); making more errors (Dykman et al., 1971; Bryan and Bryan, 1978); taking more time in both initiating and completing tasks (Dykman et al., 1971); being less attentive and getting more easily distracted (Kawabe, 1976; Richey and McKinney, 1978); and responding to incorrect cues more frequently (Kawabe, 1976). In tasks involving visual, auditory and haptic processing, Sutaria (1985) notes problems in making discriminations, in sequencing, in analyzing and synthesizing components into wholes and vice versa, in following directions, in duplicating symbols, and in integrating messages received through one or more modalities into coherent motor responses.

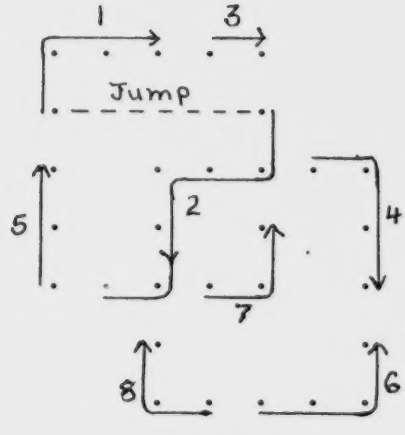
The educable mentally retarded are described by Smith (1971) and Kirk and Gallagher (1983) as having problems not unlike those reported in the learning disabled. They have problems attending to tasks, they show off-task behaviors, and they appear to be insensitive to visual and/or auditory cues. It is in the area of behavioral response patterns that the retarded can be clearly distinguished from the learning disabled. While the latter tend to be overly sensitive to their surroundings which causes them to overreact, the former often underreact and appear apathetic to the same surroundings. (Hallahan



a. Stimulus



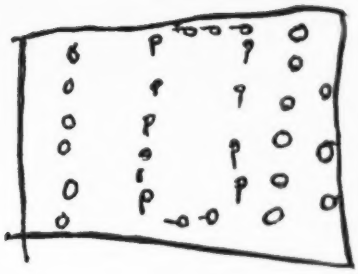
b. Coherent



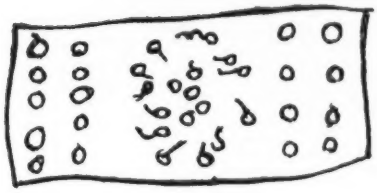
c. Incoherent

Figure 2. Coherent and Incoherent Responses to a Marble Board Stimulus

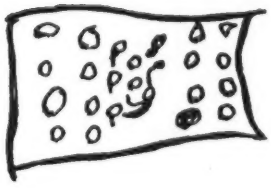
(Adapted from A. A. Strauss and L. E. Lehtinen: Psychopathology and Education of the Brain-Injured Child. Grune & Stratton, New York, NY, 1947. P. 33)



a. `Square'



b. `Oval'



c. `Triangle'

Figure 3. Foreground-Background Confusion on a Thumbtack Design Stimulus

(Adapted from A. A. Strauss and L. E. Lehtinen: Psychopathology and Education of the Brain-Injured Child. Grune & Stratton, New York, NY, 1947. P. 49.)

and Kauffman, 1976)

Cognitive Disorders

Strauss and Werner's (1942a) early experiments in concept formation utilized various objects and pictures. In one experiment, which required the brain-injured and the familial mentally retarded to name, sort and group objects and explain why they grouped certain ones together, the results showed that the brain-injured not only selected more objects to group but also made more groups. Even more interesting, in contrast to the non-brain-injured who tended to group according to functional characteristics or similarity in features, the brain-injured focussed on unessential details (such as a pink candleholder and a dress with pink design), far-fetched relationships (such as a stamp and a razor blade, the latter with which to cut out the former), or hypothetical relationships (such as a whistle and a pair of sunglasses because both could be found on a policeman).

In another experiment which required selecting objects which would relate to particular pictures and then explaining their selection, the brain-injured were again found to give more uncommon and far-fetched explanations than the non-brain-injured. (Strauss and Werner, 1942a)

Whether these types of responses are characterized as manifestations of "disinhibition" (uncontrolled, tangential thinking) or "creativity" (wildly imaginative), Johnson and Myklebust (1967) believe that they tend to affect classroom performance. Teachers expect and want traditional or set answers. When unusual or out-of-the-ordinary answers are given, they are viewed as "bizarre" and consequently unacceptable. It is this tangential thinking coupled with a characteristic haphazzard approach to tasks (as noted in the section on Perceptual Disturbances) that is said to affect the learning disabled children's ability to solve problems which require an organized, step-by-step, logical reasoning or to generalize from one situation to another. (Johnson and Myklebust, 1967) Yet, on measures of intelligence, the learning disabled are reported to have normal or above normal potential for learning.

The educable mentally retarded are most readily distinguished from the learning disabled in their intellectual or cognitive development when traditional criteria of measured scores on tests of intelligence are used. The line graph in Figure 4 clearly shows the difference. Hallahan and Kauffman (1976) question, however, the relevance of such a distinction in the absence of other differences. For example, a child with an I.Q. of 90 and another with an I.Q. of 70 may respond similarly performancewise. The retarded, like the learning disabled, have difficulty solving abstract problems, seeing or anticipating cause-effect relationships, generalizing knowledge to other situations, generating alternative solutions, or having a repertoire of verbal information. (Smith, 1971)

Focussing on memory tasks, Hagen, Barclay and Schwethelm's (1982) review of the literature on cognitive development concludes that the mentally retarded and the learning disabled do equally poorly when

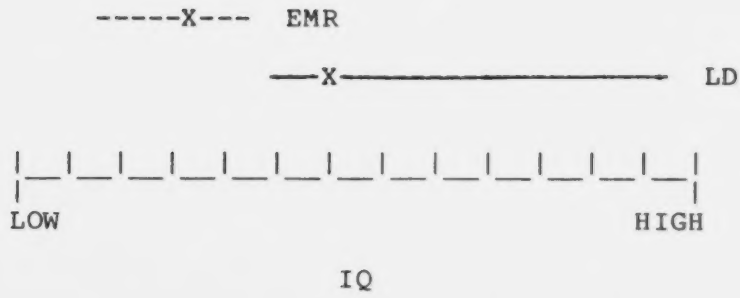


Figure 4. Comparison of EMR and LD on `IQ' Dimension

(Adapted from D. P. Hallahan and J. M. Kauffman: Introduction to Learning Disabilities: A Psycho-Behavioral Approach. Prentice-Hall, Inc., Englewood Cliffs, NJ, 1976. P. 38.)

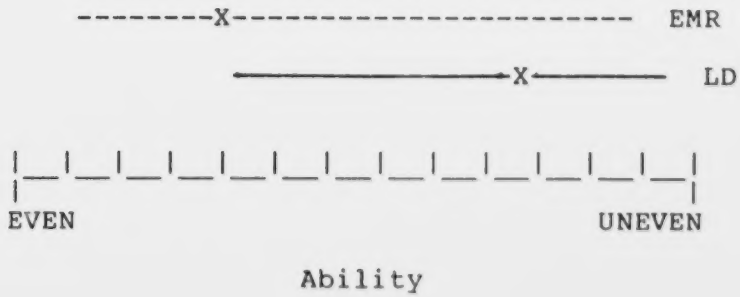


Figure 5. Comparison of EMR and LD on `Ability' Dimension

(Adapted from D. P. Hallahan and J. M. Kauffman: Introduction to Learning Disabilities: A Psycho-Behavioral Approach. Prentice-Hall, Inc., Englewood Cliffs, NJ, 1976. P. 39.)

compared to their normal peers. Further, both groups show a delay in employing appropriate strategies, such as labelling and rehersing, which would facilitate recall.

One may wonder why the learning disabled, who are assumed to be of at least normal intelligence, perform so poorly. It is well to note a point that Hagen et al (1982) make regarding the effects of the "environment" on cognitive development. They say that in the early years of schooling, the learning disabled children's problems are more domain specific, hence confined to one area more or less, while the educable mentally retarded children's problems are more widespread because of intellectual limitations. However, as the learning disabled continue in school through the years, repeated failure in tasks such as reading and writing tends to have a cumulatively depressing effect on overall cognitive performance. The differences between the learning disabled and the mentally retarded, thus, diminish over time. The line graph in Figure 5 helps to illustrate the overlap between these two groups as Hallahan and Kauffman (1976) perceive it.

2. BEHAVIORAL-SOCIAL

Returning to earlier research by Strauss, one experiment on the behavioral-social dimension is especially worthy of note. Strauss and Kephart (1940) devised a behavior rating scale to compare institutionalized brain-injured and non-brain-injured mentally retarded children. Teachers and cottage parents who were well acquainted with the children were asked to rate them on behaviors which could be readily observed (e.g., clumsy vs. graceful; peculiar vs. normal) as well as on personality dimensions (e.g., impatient vs. patient; erratic vs. stable). (See Figure 6) Results indicated that the brain-injured tended to be described more often as "erratic, uncoordinated, uncontrolled, uninhibited and socially unacceptable" than the non-brain-injured. (Strauss and Kephart, 1940)

Recent literature on the learning disabled cites their poor self-concept as a predominant characteristic, attributed to their history of failure in school-related tasks and feelings of inadequacy and insecurity which result from these failures. (Sutaria, 1985) In fact, Mercer (1979) believes that they often experience failure before they even begin. By that is meant that they are so convinced they will fail that they do not even want to try. The poor or low self-concept produces other negative consequences, in particular, disruptive behavior or withdrawal, both representing compensatory devices to negate the feelings of inadequacy.

Socially, the learning disabled are often rejected by their peers because of their behavior. Either they do not look and/or listen before acting out, or they fail to take their cues from others or do not interpret them accurately, or they show insensitiveness toward others' feelings, or they are uncooperative or irresponsible. (Johnson and Myklebust, 1967; Maheady and Maitland, 1982) They are also known for their mood swings, up one moment, down the next. Literature of the sixties called this vacillation "emotional lability". (Clements, 1966) Because of their unpredictable behavior, impulsive outbursts and rapid

Part I: EXPRESSIVE MOVEMENTS

1.	graceful	:	clumsy	2.	smooth	:	jerky
3.	normal	:	peculiar	4.	energetic	:	inactive
5.	purposive	:	aimless	6.	impulsive	:	cautious
7.	certain	:	hesitant	8.	mature	:	childish
9.	restless	:	placid	10.	shifting	:	steady
11.	chattering	:	silent	12.	clear	:	confused
13.	hearty	:	flat	14.	explosive	:	soft
15.	noisy	:	quiet				

Part II: PERSONALITY

16.	fluctuating	:	constant	17.	excessive	:	moderate
18.	daydreaming	:	present	19.	patient	:	impatient
20.	temper outburst	:	self-controlled	21.	fearing	:	intrepid
22.	furious	:	restrained	23.	flighty	:	steady
24.	confused	:	clear	25.	erratic	:	stable
26.	temperamental	:	stolid	27.	excitable	:	not excitable
28.	lonesome	:	sociable	29.	cooperative	:	uncooperative
30.	misfit	:	belonging	31.	acceptable	:	bystanding
32.	leader	:	follower	33.	popular	:	unpopular
34.	annoying	:	undisturbing	35.	attractive	:	repellant
36.	critical	:	acceptable	37.	clear-headed	:	muddled
38.	hit-or-miss	:	planning	39.	accurate	:	inexact
40.	neat	:	slovenly	41.	distractible	:	concentrating
42.	careful	:	careless	43.	dependable	:	undependable
44.	energetic	:	lazy	45.	reliable	:	unreliable
46.	restless	:	settled	47.	awkward	:	skillful
48.	reckless	:	cautious	49.	fidgety	:	balanced
50.	decisive	:	drifting	51.	aimful	:	aimless
52.	dreamy	:	alive				

Figure 6. Behavior and Personality Characteristics of the Brain-Injured (Underlined) on a Behavior Rating Scale

(Adapted from A. A. Strauss and L. E. Lehtinen: Psychopathology and Education of the Brain-Injured Child. Grune & Stratton, New York, NY, 1947. P. 84.)

mood changes, the learning disabled frequently have few close friends or enduring relationships. (Sutaria, 1985)

The mentally retarded are reported to be similar to the learning disabled in many of the behavioral-social aspects. They have a low self-esteem, they are reluctant to attempt anything new or different because of the fear of failure, they respond inappropriately to social cues, and they appear insensitive to the environment as well as to others' feelings. (Smith, 1971; Kirk and Gallagher, 1983; Polloway, Epstein and Cullinan, 1985) However, because of their intellectual limitations, they tend to display undesirable and socially unacceptable behaviors more frequently, they are more easily gullible, and in general they respond more immaturely (Smith, 1971) than the learning disabled.

In the fifties and sixties, studies which attempted to justify special class placement of the educable mentally retarded in public schools, did so primarily because these children were found to be socially rejected by their non-retarded peers in regular classes. (Johnson, 1950; Johnson and Kirk, 1950; Baldwin, 1958) An analysis of the reasons for the rejection revealed their antisocial behavioral tendencies, such as bullying, teasing, fighting, poor sportsmanship, etc. (Taylor, 1982) A review of more recent studies which focussed on teacher and age peer perceptions as well as actual observations supports Taylor's (1982) conclusion that the educable mentally retarded are socially rejected because of their unacceptable behavior, a problem not uncommon to the learning disabled as was noted earlier. The considerable overlap on behavioral-social dimension between the learning disabled and the educable mentally retarded can once again be seen in the line graph in Figure 7.

3. EDUCATIONAL

The third dimension to be considered is the educational. Are there major differences between the learning disabled and the educable mentally retarded on this dimension?

Academically, both the learning disabled and the educable mentally retarded are shown in the line graph in Figure 8 to be underachieving. Interestingly, unlike the other areas already discussed, the learning disabled are shown to perform more poorly than the retarded. While the latter sometimes may overachieve, the former characteristically show underachievement of a severe degree. (Hallahan and Kauffman, 1976) In fact, it is this educational underachievement which constitutes an important operational criterion in diagnosing for learning disabilities. Not only do the federal regulations require its determination in each individual case suspected of having a learning disability, but each of the States is required to have established procedures for implementing this criterion. (Federal Register, 1977a)

Grossman (1983) reports that the sequence in which the educable mentally retarded learn new skills is the same as in normal children, except that it is slow or delayed. When the retarded child reaches a necessary mental maturity, he/she is ready to learn. The learning

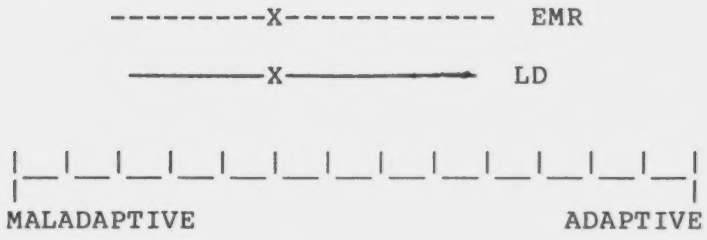


Figure 7. Comparison of EMR and LD on `Social-Emotional' Dimension

(Adapted from D. P. Hallahan and J. M. Kauffman: Introduction to Learning Disabilities: A Psycho-Behavioral Approach. Prentice-Hall, Inc., Englewood Cliffs, NJ, 1976. P. 40.)

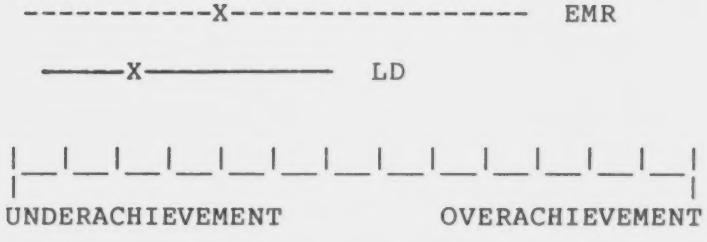


Figure 8. Comparison of EMR and LD on `Academic Achievement' Dimension

(Adapted from D. P. Hallahan and J. M. Kauffman: Introduction to Learning Disabilities: A Psycho-Behavioral Approach. Prentice-Hall, Inc., Englewood Cliffs, NJ, 1976. P. 40.)

disabled, on the other hand, learn different skills at different rates and their learning patterns show ideosyncracies. (Sutaria, 1985) It was Kirk who demonstrated this unique characteristic of the learning disabled in the sixties. (Kirk, 1966; Kirk and Kirk, 1971) Unless they are taught how to learn, unless the methods of teaching are matched to their way of learning or processing information, and unless the sequence of skills is altered to accommodate to their strengths and weaknesses, teaching remains ineffective. (Johnson and Myklebust, 1967) It would appear then that in the educable mentally retarded, the mental age serves as a more accurate predictor of the child's readiness for learning than in the learning disabled.

Another commonly accepted educational difference between the educable mentally retarded and the learning disabled is that the former show depressed functioning in all areas with few highs and lows while the latter often show significant variations from skill area to skill area. Although both underachieve in academic areas such as reading, writing, spelling and mathematics, the educable mentally retarded child's underachievement is more even and, according to Kirk and Chalfant (1984), due to a lack of intellectual readiness while the learning disabled child's underachievement is erratic, confined and due to processing dysfunctions. Figure 9 illustrating the academic profiles of two children, one an educable mentally retarded and the other a learning disabled, supports this contention. Hallahan and Kauffman (1976) are convinced, however, that research is inconclusive on this issue at this point.

In summary, there are some definite differences between the learning disabled and the educable mentally retarded on the academic dimension. On the other hand, there are more similarities than differences on the psychological and behavioral-social dimensions as far as overall characteristics are concerned.

Brief attention is now directed toward the practice of categorical placement and educational methods employed with the learning disabled and the educable mentally retarded.

V. PLACEMENT AND EDUCATIONAL PRACTICES

Public school programs for the educable mentally retarded have been in existence in the U.S. since before the turn of the century. (Kirk in Stevens and Heber, 1964) Similar programs for the learning disabled, by comparison, are relatively of recent origin. The first public school classes for the latter group were established in the sixties and were primarily experimental, supported not through public funds but through various foundation grants. It was Cruickshank's (1961) Montgomery County Project, in fact, which served as an initial model for these early experimentations, including those conducted in Ohio. (Ohio Dept. of Ed., 1962) It wasn't until the enactment of federal legislation in the late sixties, however, that classes for the learning disabled became a regular feature of the public schools.

Until 1975, classes for the learning disabled and the educable mentally retarded were basically self-contained and categorical, as

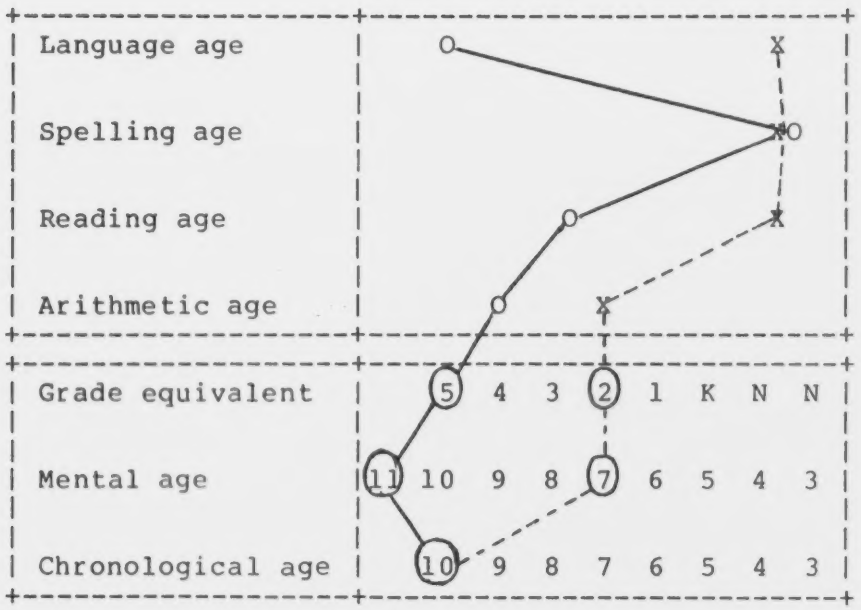


Figure 9. Academic Profiles of Two Ten-Year Old Boys: EMR (---X---) and LD (——O——)

(Adapted from S. A. Kirk and J. J. Gallagher: Educating Exceptional Children. 4th edition. Houghton Mifflin Co., MA, 1983. P. 372, and R. M. Smith: An Introduction to Mental Retardation. McGraw-Hill Book Co., New York, NY, 1971. P. 139.)

they were for all handicapped school populations then. (Lerner, 1985) That is, eligible children were assigned on an all-day basis to special education classes for the educable mentally retarded or the learning disabled, respectively, depending on the specific diagnostic label assigned. For all practical purposes, these were segregated units and, therefore, the children placed in these units had little or no opportunity to socially interact with normal age peers.

With the passage in 1975 of Public Law 94-142, Education for All Handicapped Children Act, came several rules, one of which mandated that all handicapped children would be educated in the least restrictive environment and that every effort would be made to ensure their participation in the regular mainstream of education with non-handicapped peers. (Federal Register, 1977) In Ohio which has retained categorical services, an interesting outcome of the federal regulation requiring parental permission before any special placement is made which would necessitate a child's removal from the regular class, has been that while classes for the learning disabled have increased at a phenomenal rate, classes for the educable mentally retarded have decreased at an equally phenomenal rate. To cite an example, in 1983, local educational agencies were serving 46,556 mentally retarded (Ohio calls them Developmentally Handicapped) youngsters and 72,246 learning disabled youngsters. In 1986-87 academic year, the number of the retarded being served dropped by over 3,000 to 43,532 while the number of the learning disabled increased by over 2,000 to 74,464. (Ohio Dept. of Ed., 1984, 1987) This change can be directly attributed to the fact that, on the one hand, parents in general are finding the label "learning disabilities" much more acceptable and are therefore more receptive to their child's placement in a class for the learning disabled, while, on the other, parents of the retarded are exercising their right to keep their child in the regular class if they cannot have him/her placed in the learning disabilities class. To avoid label-associated stigma, several States have initiated noncategorical or cross-categorical resource room with part-time placement in the regular class. (Lerner, 1985)

A question might well be asked: Does special class or resource room placement necessarily guarantee appropriate or effective education for the children so placed? Literature is very convincing on this point. When study after study on efficacy of special class placement of the educable mentally retarded failed to prove the worth of self-contained classes either educationally or in terms of social adjustment, Dunn (1968) in a very provocative article asked a significant question: Was much of special education for the mentally retarded justified? Similar questions are being raised today about programs for the learning disabled, vast majority of whom receive service in resource rooms. (McNutt and Friend, 1985) A severe critic of the mainstreaming movement which has forced many of the learning disabled into inadequately serviced resource room programs is Cruickshank (1977).

As far as educational practices are concerned, until 1975, curricular decisions were made on the basis of the diagnostic label a child was given. Thus, according to Bilsky (1984), a "watered down"

regular class curriculum was, for the most part, prescribed for the educable mentally retarded. Since 1975 and the mainstreaming movement, alternative curricula have been developed. Today, the focus is on functional academics, career education, social skills training, and cognitive skills training. Each of these is designed to help the educable mentally retarded survive in the day-to-day world. (Bilsky, 1984) Academically, however, they continue to do poorly regardless of their placement, according to Kavale and Glass (1982) and Gottlieb, Rose and Lessen (1983).

The curriculum for the learning disabled focuses on basic skills remediation in the elementary grades and study and test-taking skills in the secondary grades, according to Mann, Goodman and Wiederholt's (1978) survey results. Since majority of them are in resource rooms, they also have regular class assignments for part of the day with varying amount of support from the resource room teacher. For this reason, academic survival in the mainstream of education takes on a special meaning for the learning disabled. In addition, they also receive the benefits of career or vocational education, self-management techniques and college preparation. (Mann, Goodman and Wiederholt, 1978)

Perhaps the single most distinctive feature in teaching methods used with the learning disabled which might explain the attraction it holds for cross-categorical advocates like Hallahan and Kauffman (1976) is the diagnostic-teaching concept and its resulting individualized prescription. While teachers of the educable mentally retarded have traditionally taught to the class as a group, teachers of the learning disabled in elementary grades rarely do. The focus on remediation of basic skills and development of learning strategies adapted to the needs of the child automatically precludes a group teaching approach with the learning disabled. Because of this specific orientation, coupled with the fact that segregated class placement of the educable mentally retarded has not produced the desired academic gains, some experimentation in noncategorical and cross-categorical placements has taken place wherein the learning disabled, the educable mentally retarded and the emotionally disturbed, each representing a "mildly handicapping condition" and/or "high incidence" category, have been assigned to common special educational services. Lerner, 1985) These attempts are sporadic, however, and their effectiveness has yet to be conclusively established.

VI. DISCUSSION

Cruickshank et al, as early as 1961, questioned the validity of using the intelligence quotient or mental age as a predictor of a child's potential to learn. Furthermore, they cautioned against the use of such data for classification purposes. In general practice, classification has led to stereotypic expectations, especially in regard to learning or academic needs of children classified in one way or another, and these expectations have led to the current placement practices.

On the basis of the findings on psychological, behavioral-social

and educational characteristics describing the learning disabled and the educable mentally retarded, can one conclude that it would be more reasonable to make placement decisions on observed behavioral criteria than on diagnostic labels? Much of the available evidence seems to suggest that we ought to be looking at individual differences within children rather than among them. We need to look at individual children's strengths and weaknesses in order to make appropriate educational decisions. As Hallahan and Kauffman (1976) suggest, we should apply principles of learning and utilize procedures of teaching which are geared to the child's uniqueness, regardless of the label the child is given.

Granting the above, some relevant questions come to mind:

1. If the learning disabled and the educable mentally retarded are grouped together in a common resource setting, what effects will each have on the other? Will the presence of the learning disabled in the same class produce sufficient "stress" for the educable mentally retarded to perform at higher levels? It had been Johnson's (1964) contention that absence of academic rigor, challenge and competition in a self-contained class accounted for its failure as an efficacious placement option. When retained in regular class, the educable mentally retarded appeared to perform at more satisfactory levels. Conversely, what effects would the presence of the educable mentally retarded have on the learning disabled? Will their performance become depressed? Current research evidence supports special education for the learning disabled but not for the educable mentally retarded. (Kavale and Glass, 1982)

2. Would common teaching methods and practices suffice? In the field of learning disabilities, a commonly held theoretical position is for a diagnostic-prescriptive clinically oriented teaching based on each child's strengths and weaknesses. Is this orientation valid for the educable mentally retarded child who does not show such marked intra-individual differences? Would the resource room teacher have the time and adequate resources to serve as a clinical teacher of the learning disabled and the educable mentally retarded without compromising the needs of either?

3. Even more important, what implications would such placement have on teacher training? In Ohio, the most common practice is undergraduate preparation in four-year programs, often without a regular education background. Would the traditional format require restructuring, perhaps at the graduate level, if such teachers are to be sufficiently knowledgeable enough in theory and teaching methods as well as have the vitally necessary human relations skills to function competently as manager, teacher and consultant in cross-categorical resource rooms? (Cruickshank, 1981; Lerner, 1985)

4. Perhaps the most provocative question of all: Would placing the educable mentally retarded and the learning disabled in a common setting necessarily mean an acknowledgement that the former do in fact belong with or are a part of the learning disabilities category as Cruickshank, Hallahan and Kauffman (Hallahan and Cruickshank, 1973;

Hallahan and Kauffman, 1976) have been advocating? When similarities and differences are being compared between groups of different populations, are not certain degrees of overlap to be expected in a normal distribution of any attribute? More importantly, if Strauss' (Strauss and Lehtinen, 1947) initial research is to be the basis for current theoretical positions, what is the justification for equating the educable mentally retarded with the exogenous mentally retarded that Strauss categorically and characteristically distinguished from the endogenous?

While this writer is persuaded to keep an "open" mind, it seems that lots more substantive research is needed before one can conclude that categorical placement is no more justified. Perhaps Gottlieb (1982) said it best when he proposed that future research should direct our attention to <u>how</u> to educate the learning disabled and the educable mentally retarded rather than <u>where</u> to educate them.

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